

MEMBERSHIP APPLICATION FORM To
be completed by the Candidate for Induction, Joining or Re-joining.

Conclave Secretary: This Form is to be completed and sent within fourteen days of admission of the candidate to the Provincial/District Grand Recorder (with cheque/BACS receipt)
Provincial/District Grand Recorder: Please forward with cheque to The Finance Department, Mark Masons' Hall, 86 St. James's Street, London SW1A 1PL, or via email,
only if paying by BACS, and accompanied with the BACS receipt to finance@mmh.org.uk

1. CONCLAVE NAME		
2. CONCLAVE NUMBER	3. PROVINCE/DISTRICT	
4. BROTHER	<i>(Initials)</i>	<i>(Surname)</i>
5. FORENAMES IN FULL		
6. DECORATIONS AND HONOURS	7. STYLE OR TITLE <i>(e.g. Mr, Sir, Brigadier)</i>	
8. ADDRESS	(i)	
	(ii)	
	(iii)	
	(iv)	
	(v)	
9. DATE OF BIRTH		(vi) POSTCODE
10. TELEPHONE	HOME	WORK
	MOBILE	FAX
	EMAIL	
PROFESSION <i>(former if retired)</i>		
11. RAISED IN CRAFT LODGE	No.	ON CONSTITUTION <i>(if not English)</i>

JOINING / RE-JOINING MEMBERS		13. MMH MEMBERSHIP NUMBER
14. MOTHER OSM CONCLAVE	No.	NAME
CONSTITUTION <i>(if not English)</i>		REASON FOR LEAVING R esigned, H onorary Member, T yer, C eased, E xcluded, W arrant forfeited
DATE OF INDUCTION		DATE OF LEAVING <i>(if applicable)</i>
15. SUPREME RULER OF CONCLAVE	No.	DATE OF INSTALLATION AS SUPREME RULER
16. PRESENT PROVINCIAL/ DISTRICT GRAND RANK		DATE
17. PRESENT GRAND RANK		DATE
PLEASE GIVE DETAILS OF ALL THE OSM CONCLAVES OF WHICH YOU ARE OR HAVE BEEN A MEMBER OVERLEAF		

18. SIGNATURE OF CANDIDATE	
19. SIGNATURE OF PROPOSER	20. SIGNATURE OF SECONDER
21. THE CANDIDATE WAS INDUCTION/JOINED/RE-JOINED ON <i>I hereby certify that the above is a correct record</i>	
22. NAME OF SECRETARY (Initials & Surname)	
23. SIGNATURE OF SECRETARY	DATED

24. CHEQUE BACS PAYMENT OF DATE BACS PAID BACS REF. <i>(Please tick as appropriate)</i> If paying by BACS you <u>MUST</u> enclose receipt of payment with this form
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CANDIDATES MEMBERSHIP DETAILS WITHIN THE ORDER

Please give the numbers of all the Conclaves of which you are or have been a member together with the year of admission and if applicable the date of Installation and/or the date of leaving.

If there is insufficient space please complete the details on a second form (page 2 only) and attach to the first form.

CONCLAVE No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
CONCLAVE No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
CONCLAVE No.	*	DATE ADMITTED	**	DATE OF LEAVING	DATE OF INSTALLATION	CONSTITUTION
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* **A**dmitted, **J**oined or **F**ounder **REASON FOR LEAVING: - **R**esigned, **H**onorary Member, **T**yler, **C**eased,
Excluded, **W**arrant forfeited

ADDITIONAL COMMENTS

I, the overleaf signatory, hereby consent to the processing of personal data and information supplied in relation to my application by the overleaf named unit of the overleaf named Province/District and the Grand Lodge of Mark Master Masons.
Note: that any data and information supplied will only be divulged to other Masonic Organisations in accordance with the provisions of the Data Protection Notice, available on-line at www.markmasonshall.org/dpn